BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)												THAN ENTITY
Ľ	OTAL CLAIMS	.	16					RATE	FEE	7	RATE	FEE
F	OR		NUMBER FALED		NUMBER EXTRA			BASIC FE	E 355.00	OR	BASIC FEE	710.00
Ţ	OTAL CHARGE	ABLE CLAIMS	6 minus 20=		. 0			X\$ 9=	1	OR	X\$18=	P
ľΝ	DEPENDENT (RMIAK	4 minus 3 =		. /			X40=		1	X80=	80
M	ULTIPLE DEPE	NDENT CLAIM P	RESENT					. 105		OR		8
* If the difference in column 1 is less than zero, enter "0" in column 2							' . L	+135=	-	OR	+270=	
									<u> </u>	OR	TOTAL	710
8		(Column 1)		(Colum	nn 2) (Column 3)			SMALL	ENTITY	OR	SMALL I	
AMENDMENT A	. (Claims Remaining After Amendment		HIGH NUMI PREVIO PAID	BER XUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 16.	Minus ·	2	9	•		X\$ 9=		OR	X\$18=	
	Independent	FATTATION OF A	Minus	4	<i>F</i>			X40=	17	OR	X89=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				CLAIM			+135=	·	OR	2 70=	
								TOTAL		00	TOTAL	
		(Column 1)		(Colum	nn 2)	(Column 3)	A	DDIT. FEE		- v,	ADOIT. FEE	
AMENDMENT B	4/15/05	CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 16	Minus	·20		=		X\$ 9=		OR	X\$18=	1
	Independent	NTATION OF M	Minus	SAIDENT	~ 4114	- /		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	/
								TOTAL		UB L	TOTAL	/
		(Column 1)		(Colum	ın 2)	(Column 3)		JUII. PEE			VDDIT. FEE	
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		•	Γ	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	上	X40=		··· }	X80=	
لــــ	FIRST PRESENTATION OF MULTIPLE DEPENDE				CLAIM		-			OR	~~~ <u>~</u>	
• #	the entry in colu	Ľ	135=		OR	+270=						
***	i the "Highest Nu I the "Highest Nu	mber Previously Pai mber Previously Pai ber Previously Paid	d For IN THIS Id For IN THIS	SPACE IS I	iess than loss than	20, enter "20."		TOTAL DIT. FEE in the ap			TOTAL ODIT. FEEL mm 1.	

FORM PTO-675 (Rev. 8/00) Application or Docket Number